



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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April 12, 2012

Brent Bryson, Administrator
Intermountain Hospital
303 North Allumbaugh Street
Boise, Idaho 83704

RE: Intermountain Hospital, Provider ID# 134002

Dear Mr. Bryson:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Intermountain Hospital, on April 10, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the Federal requirements at 405.1022(b), and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Hospitals.

Thank you for the courtesies extended to me during my visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2012
NAME OF PROVIDER OR SUPPLIER INTERMOUNTAIN HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH ALLUMBAUGH STREET BOISE, ID 83704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The hospital campus consists of an original single story, Type V (111) building, an annex building containing housekeeping, maintenance/dietary/dining/multipurpose gym, an education building, and a physically separated patient wing addition (north). Other buildings on campus include administration, New Start, Journeys, and a maintenance and supply building. The original hospital structure and annex building were completed in 1980, the patient wing addition was completed in 1981. New Start was added in 2009 and Journeys was added in August of 2010. The North building on campus was completely remodeled for use as a Geriatric Psychiatric unit in January of 2012. All patient care and treatment buildings are fully sprinklered, provided with a complete fire alarm system with system smoke detectors located in the patient sleeping rooms and corridors. Emergency power and lighting is provided via a propane/natural gas powered automatic standby generator newly installed in 2007. The facility is currently licensed for 155 hospital beds, census on April 9, 2012 was 82, census on April 10, 2012 was 79.</p> <p>The facility was found to be in substantial compliance during a recertification Life Safety Code survey conducted on April 9-10, 2012. The original buildings were surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy and the New Start, Journeys, and Geriatric were surveyed under New Health Care Occupancy, as adopted 11 March, 2003. In accordance with CFR 42, 483.70.</p> <p>The facility has opted to utilize the categorical waiver for damper testing and will conform to the 2007 NFPA 90A requirements for six (6) year damper testing per CMS informational letter</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 S&C-10-04-LSC. The Survey was conducted by: Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program	K 000			

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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital campus consists of an original single story, Type V (111) building, an annex building containing housekeeping, maintenance/dietary/dining/multipurpose gym, an education building, and a physically separated patient wing addition (north). Other buildings on campus include administration, New Start, Journeys, and a maintenance and supply building. The original hospital structure and annex building were completed in 1980, the patient wing addition was completed in 1981. New Start was added in 2009 and Journeys was added in August of 2010. The North building on campus was completely remodeled for use as a Geriatric Psychiatric unit in January of 2012. All patient care and treatment buildings are fully sprinklered, provided with a complete fire alarm system with system smoke detectors located in the patient sleeping rooms and corridors. Emergency power and lighting is provided via a propane/natural gas powered automatic standby generator newly installed in 2007. The facility is currently licensed for 155 hospital beds, census on April 9, 2012 was 82, census on April 10, 2012 was 79.</p> <p>The facility was found to be in substantial compliance during a recertification Life Safety Code survey conducted on April 9-10, 2012. The original buildings were surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy and the New Start, Journeys, and Geriatric were surveyed under New Health Care Occupancy, as adopted 11 March, 2003. In accordance with CFR 42, 483.70 and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The facility has opted to utilize the categorical waiver for damper testing and will conform to the 2007 NFPA 90A requirements for six (6) year</p>	B 000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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B 000	Continued From Page 1 damper testing per CMS informational letter S&C-10-04-LSC. The Survey was conducted by: Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program	B 000		

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